

CITY OF READING, PA TAX AMNESTY**Business Privilege Tax and Per Capita Tax Amnesty Application***Application must be completed and returned with payment on or before August 18, 2012.***1. Existing Business Privilege Tax and Per Capita Tax Accounts:****Business Privilege Tax**

- Provide existing Business Privilege Tax Account number: _____
- Complete Sections A, B and C of this application
- Complete Business Privilege Tax forms for each year requesting amnesty

Per Capita Tax Account Number

- Provide existing Per Capita Tax Account number: _____
- Complete Sections A, B and C of this application

2. Businesses and Individuals NOT on file with the City of Reading:**Businesses Privilege Tax**

- Complete Sections A, B and C of this application
- Complete the Business Privilege Tax Application found online at www.readingtaxamnesty.com
- Complete Business Privilege Tax forms for each year requesting amnesty

Per Capita Tax

- Complete Sections A, B and C of this application

SECTION A Name/Business Name SSN/Fed ID Number

Mailing Address

Street City State Zip

Mailing Address (If using a PO Box above, also provide physical home address here.)

Street City State Zip

Telephone Email

SECTION B**Business Privilege Tax**

Tax Year	Amount Due
2001	
2002	
2003	
2004	
2005	
2006	
2007	
2008	
2009	
2010	
2011	
2012	

Total (a)

Per Capita Tax (\$15.00/year)

Tax Year	Amount Due
2001	
2002	
2003	
2004	
2005	
2006	
2007	
2008	
2009	
2010	
2011	

Requesting payment
plan? Check box. ☐

Total

Total (b)

(a+b)

SECTION C

Signature of Applicant

Make checks payable to "City of Reading"

Date

Signature of Preparer

Date

All applications, tax returns and payments may be dropped off to the Citizens' Service Center between the hours of 8am and 4pm, or mailed to: "CSC Tax Amnesty, 815 Washington St, Reading, PA 19601."

CERTIFICATION: I certify that I am eligible for City of Reading Tax Amnesty program as outlined by City of Reading Ordinance. The applications and returns remitted are true, correct and complete to the best of my knowledge. Knowingly providing false information will render me ineligible for the Amnesty program I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities. I understand that by participating in the Amnesty program, I waive the right to protest or initiate an administrative or judicial proceeding or to claim a refund of the monies paid therewith.